
Capital Application and Guide

Fiscal Year 2021

Based on availability of FTA Section 5310 and 5339 funds.

Equipment

- Software
- Tablets
- Cameras
- Etc.

Rolling Stock

- Minivans
- Narrow Body
- Wide Body
- Etc.

Facility

- Maintenance
- Remodel
- New construction
- Etc.



Introduction

Each of the grant applications will be reviewed and ranked. Awards are based on the application ranking in comparison to all the applications in that category.

Any agency receiving a vehicle through the capital assistance program offered through this grant application will be required to submit information to the South Dakota Department of Transportation (SDDOT) regarding the service provided with that vehicle. The agency must record several different categories of information in detail and report the information to SDDOT on a monthly, quarterly or annual basis. Any agency receiving equipment through the program must maintain the equipment per the specification recommended by the manufacturer. Applicants must meet program requirements when receiving federal fund reimbursements for purchases defined in funding agreements and SDDOT State Management Plan.

Section 5310

Any Agency (applicant) receiving Section 5310 funds under this grant application is required to have a locally-developed community coordination plan. The Agency must be part of this plan, before funds can be utilized for capital expenditures. Applicants must also have a SDDOT approved drug and alcohol policy.

Section 5310 funds are 80/20 local match programs. The local agency is required to provide local match funds totaling 20% or more of the total purchase price at time of delivery and the balance, 80% or less will be provided by FTA funds administered by the SDDOT. The total federal funds allowed are capped at a maximum of 80% or at your specific award total.

Purpose

This program is intended to enhance mobility of seniors and individuals with disabilities. This section of funds will provide for programs to serve the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services.

Eligible Activities

Traditional

- Buses and vans
- Wheelchair lifts
- Ramps
- Vehicle maintenance
- Securement devices
- Transit-related information technology systems (software & hardware)
- Mobility management programs
- Acquisition of transportation services under a contract
- Lease or other arrangement
- Both capital and operating costs associated with contracted service are eligible capital expenses

Nontraditional

- Travel training
- Volunteer driver programs
- Building an accessible path to a bus stop including curb-cuts, sidewalks

This is not an all-inclusive list.

In addition, mobility management is eligible for 5310 funding along with other projects not listed above. Please contact SDDOT transit staff for assistance in determining if a project is eligible.

Section 5339

To receive Section 5339 funds the agency must provide public transportation. Section 5339 funds in most cases are 80/20 local match programs. The local agency is required to provide local match funds totaling 20% of the total purchase price. FTA's cost share of 80% will be provided by SDDOT. The total federal funds allowed are capped at a maximum of 80% or at your specific award total.

Purpose

This program provides financing to purchase vehicles, related equipment, and projects for bus-related facilities.

Eligible Activities

- Capital projects to replace, rehabilitate and purchase buses, vans, and related equipment, and to construct bus-related facilities, including technological changes or innovations to modify low or no emission vehicles or facilities.
- Software
- Cameras
- Radios
- Supervisory vehicles
- Fare boxes
- Computers
- Shop and garage equipment
- Facilities
 - Design
 - Environmental studies
 - A&E services
- Passenger amenities such as:
 - Passenger shelters
 - Bus stops

This is not an all-inclusive list.

Application Instructions

An application must be submitted for each appropriate applicant. Below are a list of definitions and a list of application submittal requirements that must be included in the application submission. The required submittals are described in greater detail later in this application.

Definitions:

- **Designated State Agency** - SDDOT, Secretariat
- **Applicant/Subrecipient** - the organization undertaking legal responsibility for carrying out a project.

Eligible applicants

Section 5310

- Private nonprofit organizations

- Public organizations/entities approved by SDDOT to coordinate transportation services for seniors and individuals with disabilities.
- Public organizations/entities, which certify to the State of South Dakota and are approved by the SDDOT that no nonprofit organizations are readily available to provide transportation services for seniors and individuals with disabilities.

Section 5339

- Public agencies
- Local governments
- Private nonprofit corporations engaged in public transportation, including those providing services open to a segment of the general public, as defined by age, disability, or low income

IMPORTANT SUBMISSION INFORMATION

Application can be submitted either by hard copy or electronically. All the required signatures must be included in the submission before an application can be accepted.

All applicants requesting funds shall submit applications to the South Dakota Department of Transportation.

SD Department of Transportation
Office of Air, Rail and Transit
Attn: Transit Staff
700 E. Broadway Avenue
Pierre, SD 57501

Or

Email addresses: doug.gorham@state.sd.us or rich.leners@state.sd.us

Applications not received by the SDDOT imposed deadline will be considered ineligible for consideration.

Applications are due to SDDOT:

May 10, 2021

Technical Assistance

SDDOT intends to assist any prospective subrecipient in the preparation of applications for projects under this program including those that provide service to predominately low-income, minority populations, individuals with disabilities and the elderly. Applications prepared with SDDOT assistance will be evaluated on the same basis as those which are not.

Any applicant seeking assistance in preparing an application should contact:

Doug Gorham
South Dakota Department of Transportation
Office of Air, Rail & Transit
700 East Broadway Avenue
Pierre, South Dakota 57501-2586
Phone: 605-773-8082
E-mail: Doug.Gorham@state.sd.us

Rich Leners
South Dakota Department of Transportation
Office of Air, Rail & Transit
700 East Broadway Avenue
Pierre, South Dakota 57501-2586
Phone: 605-773-3014
E-mail: Rich.Leners@state.sd.us

SUBMISSION DOCUMENTS

Title
Application Cover Sheet - Attachment 1
System Description - Attachment 2
Transportation Project - Attachment 3
Equipment Project - Attachment 4
Facility Project - Attachment 5
Project Description and Justification - Attachment 6
Public Notice - Attachment 7
Application Assurances - Attachment 8
Assurance of Compliance with Title VI of The Civil Rights Act of 1964 - Attachment 9
Certification of Equivalent Service – Attachment 10

Attachment 1
Letter of Transmittal/Cover sheet

All applicants are required to have a cover sheet for this application with details describing their purpose for applying for funding and how and why the subrecipient will benefit from receiving funding.

Attachment 2
System Description

These worksheets allow the applicant to describe system characteristics and service level characteristics.

Attachment 3, 4 & 5
Transportation, Equipment and Facility Project

Be sure to answer all questions following the section tables for each project listed in any of the tables – this has to do with scoring the applications.

Vehicle Type: On the attachment, indicate the type of vehicle requesting using the dropdown options in this field. If multiple vehicles are requested which are identical, indicate the quantity in one line item. However, if identical vehicles are being requested for replacement and expansion, those should be separated. If different configurations for vehicle type, put information on separate line items.

Quantity: On the attachment, enter the quantity requesting per project line item.

Seating Capacity: On the attachment, indicate the total number seats; one per ambulatory passenger.

Wheelchair Seating Capacity: On the attachment, indicate how many total wheelchair locations requesting.

Federal Amount and local match amount: Determine how much the project will cost. The maximum federal share for projects selected under the capital application is 80 percent of the total project cost.

Local match resource: Determine how your agency will provide the match for the project. Provide the evidence to support the claim of your local match resource. The local match requirement will be a minimum 20% of the total project cost. Eligible sources of local match include the following: contracts, cash from non-Government sources other than revenues from providing public transportation services; revenues derived from the sale of advertising and concessions; amounts received under a service agreement with a state or local social service agency or private social service organization; revenues generated from value capture financing mechanisms; or funds from an undistributed cash surplus; replacement or depreciation cash fund or reserve; or new capital. In addition, transportation development credits or documentation of in-kind match may substitute for local match if identified in the application.

Local Match Need or Secured: Based on the above local match resource information, indicate if the match will be raised or is already secured through a contract, MOU or (cash in hand).

One time or periodic: Indicate if the project is a one-time purchase or will be purchased periodically.

Condition Rating: Enter your agencies most current condition rating recorded in ThingTech for existing projects as determined by use of the TAM scorecards. The State will evaluate the potential for the project to improve the condition of the transit providers assets by repairing and/or replacing assets that are in poor condition or have surpassed their minimum or intended useful life benchmarks, lowering the average age of vehicles in the fleet, and/or reducing the cost of maintaining outdated vehicles, facilities and equipment. All subrecipients are required to have an asset maintenance plan that meet State and FTA requirements. A new Asset Maintenance Plan template was drafted and sent out in April 2020. You should have edited it to make it your own and implemented it by the July 2020 deadline.

Project Specified on page of Coordination Plan: Indicate which page of the agency's coordination plan the requested project is addressed as a need for coordination efforts.

Demonstration of need: Applicants must demonstrate how the proposed project will address an unmet need for capital investment in vehicles and/or supporting facilities, enhance the safety of the transit system for transit vehicle operators, riders, and the general public, or improve the connectivity of bus systems with other networks through the use of deployment-ready information technologies. For example, an applicant may demonstrate a substantial backlog of deferred capital investment, insufficient size or capacity of maintenance facilities, excessive reliance on vehicles that are beyond their intended service life, a vehicle fleet that is insufficient to meet current ridership demands, or passenger facilities that are insufficient for their current use. For safety, an applicant may demonstrate safety concerns with vehicles, equipment, or facilities that are beyond their intended useful life, or that are no longer appropriate for use due to safety concerns. To improve connectivity, bus systems may deploy Intelligent Transportation Systems (ITS) technologies or software that link buses with other transportation modes. Applicants should also describe how the proposed project will improve the operation of the transit system. As a part of the response for demonstration of need, applicants should provide the following information:

a. For vehicle projects (replacement, rehabilitation, or expansion): Applicants must provide information on the age, condition, and performance of the asset(s) to be replaced or rehabilitated by the proposed project. For service expansion requests, applicants must provide information on the proposed service expansion and the benefits for transit riders and the community from the new service. For all vehicle projects, the proposal must address how the project conforms to FTA's spare ratio guidelines.

b. For facility and equipment projects (replacement, rehabilitation, and/or expansion): Applicants must provide information on the age and condition of the asset to be rehabilitated or replaced relative to its minimum useful life.

Description of Benefits: Describe how the proposed project will improve the condition of the transit system, improve the reliability of transit service for its riders, and/or enhance access and mobility within the service area.

Enhanced Access and Mobility: The State will evaluate the potential for the project to improve access to employment opportunities, education, and other services. The State will also evaluate the potential for the project to improve mobility for passengers. Proposed benefits should be based on documented ridership demand and be well-described or documented in the agency's Coordination Plan.

Planning and local/regional prioritization: Applicants must demonstrate how the proposed project will be consistent with local and regional long-range planning documents and local

government priorities. This will involve assessing whether the project is consistent with the transit priorities identified in the long-range plan; and/or contingency/illustrative projects included in that plan; the locally developed human services public transportation coordinated plan or the Capital Improvement Plan (CIP). Applicants are not required to submit copies of such plans but should describe how the project will support regional goals. Applicants may also address how the proposed project will impact overall system performance, asset management performance, or specific performance measures.

Attachment 6

Project Description, Justification and Prioritization

All applications must include a detailed project description and justification which includes information about the applicant's project and is not found elsewhere in the application. The project description and justification must include the importance of the project to your agency and how it will improve the agency's future service to the citizens of your area. Divide the project description out for each category (Transportation, Facility and Equipment) applying for in the application. Provide priority list including all project(s) included in this application.

Attachment 7

Public Notice

Before the application can be approved by SDDOT, the applicant must publish a public notice offering the opportunity for a public hearing on the proposed project and invite service proposals from private and public transit providers.

The applicant must publish the public notice in newspaper(s) of general circulation in the service area. This notice shall be published at least twice, with the first publication at least ten days before the application is submitted to SDDOT. The public should be given thirty days from the first publication to respond. If a sample public notice is needed, please contact the SDDOT transit office.

The applicant must document the results of the public notice. If there is a request for a hearing, SDDOT will publish a notice of intent to hold a public hearing in a newspaper of general circulation in the service area. This notice shall be published at least twice before the public hearing with the first publication occurring not less than thirty days before the date of the hearing. SDDOT will make a transcript of the hearing.

A copy of the PUBLIC NOTICE must be sent by direct mail to all public and private transit or paratransit providers in the proposed service area at the time the notice is sent to the newspaper(s) for publishing. Any response to this mailing must be documented.

Attachment 8

Application Assurances

The application verification in attachment 8 is required to be signed and submitted with the grant application submission.

Attachment 9

Assurance of Compliance with Title VI of the Civil Rights Act of 1964

The certification in attachment 9 is required to be signed and submitted with the grant application submission.

Attachment 10
Certification of Equivalent Service

The certification in attachment 10 is required if your agency intends to purchase Non-ADA vehicles with grant funds received through this application. A separate certification is required to be signed and submitted with the grant application for each type of vehicle.

Attachment 1
Letter of Transmittal/Cover Sheet

PROJECT PERIOD

Beginning: As described in your funding agreement

Ending: As described in your funding agreement – typically two years

APPLICANT AGENCY

Legal Name: Click here to enter text.

DBA Name: Click here to enter text.

Address: Click here to enter text.

The applicant certifies that to the best of its knowledge and belief, the statements in this application are true and correct, and that it will comply with the attached assurances.

Click here to enter text.

(Typed Name of Authorized Representative of Board)

Click here to enter text.

(Title)

Click here to enter text.

(Telephone Number)

(Signature of Authorized Person)

(Date of Application)

CONTACT PERSON FOR QUESTIONS PERTAINING TO THIS APPLICATION

Name: Click here to enter text.

Address: Click here to enter text.

Telephone Number: Click here to enter text.

E-Mail Address: Click here to enter text.

Attachment 2 System Description

1. Provide a detailed description of the transportation services your agency currently provides or will provide. [Click here to enter text.](#)
2. Provide plans for growth in ridership and any increasing services offered. [Click here to enter text.](#)
3. What percentage of increase in ridership has your organization experienced for the 2020 FFY reporting period based on the figures provided to SDDOT? [Choose an item.](#)
4. Provide a detailed description of the current transportation services being provided by other public or private agencies in the service area. [Click here to enter text.](#)
5. Provide a description of the services your agency is currently providing or will be providing:
 - a) Days service is provided: [Choose an item.](#)
 - b) Hours of service: [Choose an item.](#)
 - c) Current fare structure: [Click here to enter text.](#)
 - d) Total number of vehicles organization currently has in service: [Click here to enter text.](#)
 - e) Type of service being provided: [Choose an item.](#)
 - f) List communities and counties in your service area: [Click here to enter text.](#)
6. Enter the percentage of customers served for each:
 - a) Minority or low-income population? [Click here to enter text.](#)
 - b) Senior Citizens? [Click here to enter text.](#)
 - c) Individuals with disabilities? [Click here to enter text.](#)
 - d) Youth (under the age of 18)? [Click here to enter text.](#)
 - e) General public? [Click here to enter text.](#)
7. Does your transit agency have the following written policies:
 - a) Personnel and driver training policies per SD requirements? [Choose an item.](#)
 - b) Vehicle operating policy? [Choose an item.](#)

Project Coordination Initiative

In the below questions, provide a description of the type of services you are currently providing to other agencies requiring transportation to eliminate duplication and fragmentation of services. In addition, describe how the proposal was prepared in cooperation with local organizations and proposed services were coordinated with existing transit and paratransit operators, both public and private.

8. Does your transit agency have a current SDDOT approved coordination plan: [Choose an item.](#)
9. Name of other transit agencies that operate, and you coordinate with, in your service area.
[Click here to enter text.](#)
10. Are there other transit agencies in your service area which you do not coordinate with?
[Choose an item.](#)

11. Name of new communities that have been added to your service area this past federal fiscal reporting year? [Click here to enter text.](#)

Attachment 3 Transportation Project

12. Describe in detail your agency's vehicle maintenance program and pre-trip check procedures. [Click here to enter text.](#)
13. It is required to utilize the following documents as part of the operation of the transit provider, per the funding agreement. These documents must be readily available for inspection upon request. Does your agency have a written:
- SDDOT approved Asset Maintenance Policy [Choose an item.](#)
 - SDDOT approved Pre-trip Inspection document [Choose an item.](#)
 - Complete, detailed, and accurate maintenance history for each vehicle? [Choose an item.](#)
14. Calculate the spare ratio using the below formula if the vehicles requested in this application are awarded.
- What is the number of revenue vehicles?
 - What is the number of revenue vehicles required for maximum service?
 - What is the number of spare vehicles (a-b)?
 - Spare ratio (c/b): [Click here to enter text.](#)

15. Replacement – in this section choose the type of new vehicle that will replace an older vehicle

Vehicle	Quantity	Ambulatory Seating	Wheelchair Seating	Federal	Local Match	Local Match	One time or	Service or	Project Specified on page
Type		Capacity	Capacity	Funds	Source	Need or Secured	Periodic Need	Revenue	of Coordination Plan
Choose an item			Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.

Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.

16. Provide a statement describing the local match source. [Click here to enter text.](#)

17. Describe how the benefit associated to the above vehicles will provide to the services. [Click here to enter text.](#)

18. Provide the demonstration of need for the above vehicles. [Click here to enter text.](#)

19. Describe how the above projects are related to planning efforts. [Click here to enter text.](#)

20. Describe how the above projects will improve enhanced access and mobility. [Click here to enter text.](#)

21. Which specific vehicle(s) in your current fleet that no longer meet the State of Good Repair (SOG) standards are you replacing: *“Vehicle(s) of to be determined” is not an accepted response.*

Vehicle	Model	Asset	Vehicle	VIN #	Indicate vehicle from above
Type	Year	Condition	Mileage	(last 6 digits)	replacing this vehicle
Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to	Choose an item.	Click here to enter text.	Click here to enter text.	

	enter text.				
Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	

22. Expansion of Services – in this section choose the type of vehicle you wish to add to your fleet to fulfill the need for expanded services if applicable (additional routes, additional hours of operation, additional days of service)

Vehicle	Quantity	Ambulatory Seating	Wheelchair Seating	Federal	Local Match	Local Match	One time or	Project Specified on
Type		Capacity	Capacity	Funds	Source	Need or Secured	Periodic Need	page of Coordination Plan
Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.
Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.
Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.
Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.

Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.
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23. Provide a statement describing the local match source. [Click here to enter text.](#)

24. Provide a summary of programs and services the requested vehicle(s) will be utilized in and how it will increase ridership and improve efficiency. [Click here to enter text.](#)

25. Describe how the benefit associated to the above vehicles will provide to the services. [Click here to enter text.](#)

26. Provide the demonstration of need for the above vehicles. [Click here to enter text.](#)

27. Describe how the above projects are related to planning efforts. [Click here to enter text.](#)

28. Describe how the above projects will improve enhanced access and mobility. [Click here to enter text.](#)

29. Explain in detail why you are requesting additional vehicles? [Click here to enter text.](#)

30. For the below trip purposes, estimate the number of passenger types and trip purposes for proposed vehicle(s) for one year.

Count each estimated passenger in one trip purpose and one passenger type only. **Trip Purposes and Passenger Type must be Equal.**

Trip Purpose	Number		Passenger Type	Number
Medical			Elderly Persons 60+	
Employment			Persons w Disabilities	
Nutrition			Youth	
Social-Recreation			General Public	
Education				
Shopping/Personal				
Business				
Other				
Total				

31. Estimated number of non-ambulatory persons per day. [Click here to enter text.](#)

32. New Starts – in this section list the type of vehicle needed for a new service area (city or county)

Vehicle	Quantity	Ambulatory Seating	Wheelchair Seating	Federal	Local Match	Local Match	One time or	Project Specified on
Type		Capacity	Capacity	Funds	Source	Need or Secured	Periodic Need	page of Coordination Plan
Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.
Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.
Choose an item	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.

33. Provide a statement describing the local match source. [Click here to enter text.](#)

34. Provide a summary of programs and services the requested vehicle(s) will be utilized in and how it will increase ridership and improve efficiency. [Click here to enter text.](#)

35. Describe how the benefit associated to the above vehicles will provide to the services. [Click here to enter text.](#)

36. Provide the demonstration of need for the above vehicles. [Click here to enter text.](#)

37. Describe how the above projects are related to planning efforts. [Click here to enter text.](#)

38. Describe how the above projects will improve enhanced access and mobility. [Click here to enter text.](#)

Attachment 4 Equipment Project

39. It is required to utilize the following documents as part of the operation of the transit provider, per the funding agreement. These documents must be readily available for inspection upon request. Does your agency have a written:
- SDDOT approved Asset Maintenance Policy [Choose an item.](#)
 - Established inspection schedule [Choose an item.](#)
 - Complete and accurate maintenance history [Choose an item.](#)
40. Explain the procedures to ensure equipment is inspected and maintained per manufacturer's recommendations on a daily, weekly, monthly, quarterly, or annual basis as defined in your Asset Maintenance Policy. [Click here to enter text.](#)
41. [Be sure to add annual maintenance costs for things such as routing software, office software, push to talk radios, etc. Inexpensive hardware items can be lumped together and defined in the project description. Larger more expensive items should have their own separate line.](#)

Project	Quantity	Project	Federal	Local Match	Local Match	One time or	Asset Condition	Project Specified on page
Type		Description	Funds	Source	Need or Secured	Periodic Need	(Enter if replacing)	of Coordination Plan
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.		Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.		Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.

	enter text.							
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.

42. Provide a statement describing the local match source. [Click here to enter text.](#)

43. Describe how the benefit associated to each equipment project listed above to the will provide to the services provided. [Click here to enter text.](#)

44. Provide the demonstration of need for the above equipment. [Click here to enter text.](#)

45. Describe how the above projects are related to planning efforts. [Click here to enter text.](#)

46. Describe how the above projects will improve enhanced access and mobility. [Click here to enter text.](#)

47. If this equipment request is for computers, software, tablets, radios, telematics, etc. are these new units compatible with your current equipment and software programs? [Choose an item.](#)

48. Are the software programs and licensing costs included with the unit price? [Choose an item.](#)

49. The newly requested computers, software, tablets, radios, telematics etc. intended use is for [Choose an item.](#)

50. What is the status of your current communication system? [Choose an item.](#)

51. Provide an explanation as to how each category of equipment requested would increase efficiency. [Click here to enter text.](#)

Attachment 5 Facility Project

52. A facility project may include items such as new overhead doors, updating HVAC, replacing water heater, surveillance cameras, paint, remodel, expansion, new construction etc. It is required to utilize the following documents as part of the operation of the transit provider, per the funding agreement. These documents must be readily available for inspection upon request. Does your agency have a written:

- a) SDDOT Asset Maintenance Plan [Choose an item.](#)
- b) Established inspection schedule [Choose an item.](#)
- c) Complete and accurate maintenance history [Choose an item.](#)

*Before a new facility construction project can be added, the project needs to be in the CIP, preferably at least 3 years in advance, and the environmental review and land appraisal need to be complete.

53. Explain the procedures you take to ensure facility equipment is inspected and maintained per manufacturer's recommendations on a daily, weekly, monthly, quarterly, or annual basis as defined in your Asset Maintenance Policy. [Click here to enter text.](#)

54. Are detailed (separate if you manage more than one) facility maintenance files maintained and readily available for inspection upon request? [Choose an item.](#)

55. [If a future facility construction project is planned, you may select the project type from the dropdown and in the project description ask for A&E Services, Appraisal costs, CE costs, etc.](#)

Project	Project	Federal	Local Match	Local Match	Legal Description	Temporary or	Coordination Plan Page
Type	Description	Funds	Source	Need or Secured	(if new construction)	Permanent repair	Project is listed
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Choose an item.	Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Choose an item.	Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Choose an item.	Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Choose an item.	Click here to enter text.

			Choose an item.						
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.

56. Provide a statement describing the local match source. Click here to enter text.

57. Describe how the benefit associated to the above facility(s) will provide to the services. Click here to enter text.

58. Provide the demonstration of need for the above facility(s). Click here to enter text.

59. Describe how the above projects are related to planning efforts. Click here to enter text.

60. Describe how the above projects will improve enhanced access and mobility. Click here to enter text.

61. If project is for a new facility, do you own the land or have an MOU with the current landowner? Please attach.

62. If project is for a new facility do you have a feasibility study completed? Please attach.

63. If project is for a new facility, do you have a letter of support for the project from the community, interested parties, or city? Please attach.

64. If this is for a new facility, do you have a letter of support for the local match? Please attach

65. If project is for a new facility, have you completed the independent land appraisal? Please attach.

66. If project is for new construction, have environmental studies been completed according to the National Environmental Policy Act (NEPA) <https://www.epa.gov/nepa> ? Please attach.

Attachment 6
Project Description, Justification and Prioritization

Please refer to the attachment description on page 8 of the application regarding project description and justification as required.

Use additional pages as necessary.

[Click here to enter text.](#)

Attachment 7
Public Notice

Applicant must provide documentation of a public notice and a copy of the paper affidavit that the notice was ran in the paper.

Attachment 8 Application Assurances

Applicant Name: [Click here to enter text.](#)

The Board of Directors in approving the submission of this document certifies:

1. The transit organization herein meets the eligible subrecipient definition that serves elderly individuals and individuals with disabilities and or public: and
2. Sufficient funds will be available to provide the required local match and to operate the capital project: and
3. Sufficient managerial and fiscal resources exist to implement and manage the grant as outlined in this document and with all applicable laws and regulations: and
4. The project items purchased under this grant shall be maintained in accordance with the detailed maintenance schedules as stipulated by the manufacturer: and
5. The subrecipient agrees to meet the applicable federal requirements including charter requirements: and
6. The subrecipient will not engage in school bus operations exclusively for the transportation of students and school personnel in competition with private school bus operators: and
7. The subrecipient will conform to the 200 CFR part 200 requirements as it pertains to this funding.

I am an officer of the above-mentioned applicant herein and authorized to make this verification on its behalf. I hereby verify that the foregoing statements are true and correct to the best of my knowledge.

Signature

[Click here to enter text.](#)
Date

[Click here to enter text.](#)
Name (Printed)

[Click here to enter text.](#)
Title (Printed)

Attachment 9
Assurance of Compliance with Title VI of the Civil Rights Act of 1964

Applicant Name: [Click here to enter text.](#)

HEREBY AGRESS THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the U.S. Department of Transportation, to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color, sex or national origin, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the Department under Federal Transit Administration programs; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient by the Department under Federal Transit Administration program, this assurance shall obligate the subrecipient, or in the case of any of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided this assurance shall obligate the Recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Recipient for the period during of which the Federal financial assistance is extended to it by the Department under the Federal Transit Administration programs.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Department under Federal Transit Administration programs. The Recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the subrecipient, its successors, transferees, and assignees. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Recipient.

Signed by: _____
(Authorized Official)

Date: [Click here to enter text.](#)

[Click here to enter text.](#)
Name (Printed)

[Click here to enter text.](#)
Title (Printed)

Attachment 10
Certification of Equivalent Service

Certification of Equivalent Service

Description of Purchase: [Click here to enter text.](#)

Quantity: [Click here to enter text.](#)

The (**name of agency**) certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the **most integrated setting feasible** and is equivalent with respect to:

- (1) Response time;
- (2) Fares;
- (3) Geographic service areas;
- (4) Hours and days of service;
- (5) Restrictions or priorities on trip purpose;
- (6) Any constraints on capacity or service availability; and
- (7) Availability of information and reservation capability.

In accordance with 49 CFR 37.77, public funded entities operating demand-responsive service which receive financial assistance from the Federal Transit Act must file this certification before procuring any inaccessible vehicle. This certification is valid for no longer than one year from its date of filing.

____ [Click here to enter text.](#)_____

Name of Authorized Official:

Signature:

____ [Click here to enter text.](#) _____

Title:

____ [Click here to enter text.](#) _____

Date:

Information below to be filled out by SDDOT:

Grant number: _____

Funding Agreement Number: _____